



DOVER ARENA CAMP KOOL REGISTRATION 2012

Ages of eligibility: 6-12 as of 6/1/12

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ AGE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

EMAIL: _____

EMERGENCY DAY PHONE (Mother): _____ Mother's Name: _____

EMERGENCY DAY PHONE (Father): _____ Father's Name: _____

EMERGENCY DAY PHONE (Neighbor/ Relative): _____ Name: _____

Relationship to child: _____

\$150 deposit with application (\$145.00/deposit for each additional child in the immediate household family)

This deposit will be applied to last week of enrollment.

Camp Hours will be from 730a-530pm.

Week #2 is pro-rated \$120 1st child, \$116 for each additional child. No camp on 7/4/12.

Who is authorized to pick up child from camp? Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please circle the weeks you plan on attending.

Week #1	Week #2	Week #3	Week #4	Week #5	Week #6	Week #7	Week #8
6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17
Amt.	Amt.	Amt.	Amt.	Amt.	Amt.	Amt.	Amt.
◇ Check#	◇ Check#	◇ Check#	◇ Check#	◇ Check#	◇ Check#	◇ Check#	◇ Check#
◇ Cash:	◇ Cash	◇ Cash	◇ Cash	◇ Cash	◇ Cash	◇ Cash	◇ Cash
Date Pd:	Date Pd	Date Pd:	Date Pd	Date Pd:	Date Pd:	Date Pd:	Date Pd:
Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:	Staff Initials:

T-shirt Size

Please check one:

(These will be given to camper the first week of camp)

Youth Small__ Youth Medium__ Youth Large__

Adult Small__ Adult Medium__

Please circle one:

Swimming ability: Swimmer Non swimmer

\$10.00 Non-refundable administration fee included in each week.

LIABILITY WAIVER/MEDICAL RELEASE

I, the undersigned, parent or guardian, do hereby agree to allow the individual names herein to participate in the aforementioned activity, and I further agree to hold the City of Dover, Community Services Department, and/or the Arena Division and staff harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

We may take photographs during the Summer programs. May we use your child's photograph in future publications without their name attached ? ☐ Yes ☐ No

SIGNATURE _____ Date: _____

Note: Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of:

Health Insurance Company: _____ Policy Holder: _____

Policy # _____ Group # _____ ID # _____ Certificate # _____